



**Town of Walpole  
Commonwealth of Massachusetts**

**BUSINESS CERTIFICATE APPLICATION**

This document serves only as an application for the registration of your business

**Name of Business** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Address of Business** \_\_\_\_\_

**BUSINESS CERTIFICATE APPROVALS**

You MUST obtain approval from the following departments PRIOR to being issued a business certificate.  
It is the responsibility of the Business owners to apply for such approvals.

**Select Board:**                      \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Approval Not Required                      Initials \_\_\_\_

**Board of Health:**                      \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Approval Not Required                      Initials \_\_\_\_

**Building Inspector:**                      \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Approval Not Required                      Initials \_\_\_\_

**CONDITIONS:** \_\_\_\_\_

**BUSINESS OWNERS SIGNATURES**

**Applicant #1**

Name \_\_\_\_\_

SSN, FEIN or ITIN (please circle type) \_\_\_\_\_

Signature \_\_\_\_\_

**Applicant #2**

Name \_\_\_\_\_

SSN, FEIN or ITIN (please circle type) \_\_\_\_\_

Signature \_\_\_\_\_

**Applicant #3**

Name \_\_\_\_\_

SSN, FEIN or ITIN (please circle type) \_\_\_\_\_

Signature \_\_\_\_\_

**Applicant #4**

Name \_\_\_\_\_

SSN, FEIN or ITIN (please circle type) \_\_\_\_\_

Signature \_\_\_\_\_